

**Electronic Debit Service is only available to continuously enrolled self-pay PEBB members.  
If you are making your first payment, you need to pay by check or money order.**

# Electronic Debit Service Agreement



The Health Care Authority is pleased to offer electronic debit service (EDS) to subscribers of PEBB health benefits who self-pay their monthly premium. With EDS, you can have your monthly premium taken from your checking or savings account. To get started, please fill out the information below.

Is this a bank account change? ☐ Yes ☐ No

Subscriber's Information				
Subscriber's name (please print)		Subscriber's social security number (If you are the spouse/qualified domestic partner of a deceased PEBB retiree, provide his/her social security number here.)		
Bank Account Information				
Account holder's name (if different from above; please print)				
Name of financial institution		Branch address		
City	State	ZIP Code	Bank routing number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account number			
<p>I hereby authorize the HCA to start debits to the account identified above. This authorization is for monthly premiums only. I understand it remains in effect until I give written notice to the HCA, which I must do at least 15 business days before my next monthly debit. If I want to change the checking or savings account that HCA debits, I will submit a new EDS Agreement form at least 15 business days before the next debit.</p> <p>Debits will occur on the 15th day of each month that I have insurance coverage and will be in the amount of the invoiced premium. The HCA will notify me of payments returned for insufficient funds or closed accounts, and repayment instructions.</p>				
Signature ( <b>Must be signed by account holder to authorize debit</b> )			Date	

## To complete your authorization process:

- ☐ Make sure you have filled out the entire form, including your signature above.
- ☐ Enclose a **voided check** (for a checking account) or a **deposit slip** (for a savings account). Send this form and your voided check/deposit slip to:

Washington State Health Care Authority  
Attn: Accounting  
P.O. Box 42691  
Olympia, WA 98504-2691

## Remember!

You must continue to pay your premium invoices until you receive a letter from the HCA with your EDS start date. EDS approval takes six to eight weeks.

You must submit a new EDS Agreement form to HCA when your bank account information changes.

**If you have questions or would like more information, call the HCA Accounting Office at 1-800-200-1004.**